

**SERIAL 03253 - S TRAVELING MEDICAL PERSONNEL (RN/LPN) CHS
(NIGP 94864)**

CONTRACT PERIOD THROUGH APRIL 30, 2007

TO: All Departments

FROM: Department of Materials Management

SUBJECT: Contract for **TRAVELING MEDICAL PERSONNEL (RN/LPN) CHS
(NIGP 94864)**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **April 07, 2004.**

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

Wes Baysinger, Director
Materials Management

SF/mm
Attach

Copy to: Clerk of the Board
Tom Timmons, Correctional Health
Sharon Tohtsoni, Materials Management

SPECIFICATIONS ON INVITATION FOR BID FOR: **TRAVELING MEDICAL PERSONNEL (RN/LPN)**
CHS (NIGP 94864)

1.0 **INTENT:**

The intent of this Invitation for Bid is to establish contractors of record and a pricing agreement for “traveling” temporary medical personnel for the Correctional Health Services of Maricopa County. Participants should understand that services to be provided will be performed in a correctional facility environment, and that all personnel assigned are subject to the various regulations necessary to provide a safe correctional facility environment. ~~An unrestricted RN or LPN Arizona license is required for all Traveling Medical Personnel/Caregivers.~~ : **“An unrestricted RN or LPN Arizona license is required for all Traveling Medical Personnel/Caregivers, unless that RN or LPN is licensed in and a resident of a State that is considered a Compact State. In this situation the RN or LPN will be issued a license by that state (home state) and will not require an Arizona license to practice (remote state). By virtue of the compact, the licensee is granted the “multistate privilege to practice” in other compact states of which Arizona is a member.”**Maricopa County reserves the right to add additional contractors to the resultant pricing agreement, as is deemed necessary. This is a requirement contract. No services shall be provided without a valid purchase order. **Based upon current staffing levels, it is estimated that CHS will require up to 150 shifts of Licensed Practical Nurses (12 FTEs) and 350 shifts of Registered Nurses (16 FTEs) during a four- (4) week pay period.**

2.0 **TECHNICAL SPECIFICATIONS/POLICIES/CONDITIONS:**

2.1 SERVICE DESCRIPTION/UNIT OF SERVICE

Maricopa County Correctional Health Services uses temporary medical personnel from temporary agencies and/or registries, to supplement County staff when census and acuity is high and adequate staff is unavailable. To enhance continuity of care within Correctional Health Services, the desire of CHS is to use the services of “Traveling Nurses”.

2.2 DEFINITIONS

- 2.2.1 “Agency” means the Maricopa County Correctional Health Services.
- 2.2.2 “Agency/Registry Health Care Provider” means the same as Traveling Medical Personnel or Traveler.
- 2.2.3 “Basic Life Saving” (BLS) is a requirement to work in a CHS facility. BLS is the health care provider’s response to cardiac arrest. Training consists of basic CPR with training on mobile defibrillators (AED). **Certification of training from an “on-line” educator will not be accepted.**
- 2.2.4 “Clean Claim” means one that can be processed without obtaining additional information from the provider of the service or from a third party. It does not include a claim from a provider who is under investigation for fraud or abuse.
- 2.2.5 “Contract” means this document and all attachments hereto.
- 2.2.6 “Contract Administrator” means the person designated by the CHS Director to monitor Contract status and compliance.
- 2.2.7 “Contractor” means the person, firm or organization listed on the Cover Page of this Contract.
- 2.2.8 “Correctional Health Services” (CHS) means a department of Maricopa County that provides health care services to inmates detained in Maricopa County jails and detention facilities.
- 2.2.9 “County” refers to Maricopa County.

- 2.2.10 “Director” refers to the Department Head of Correctional Health Services.
- 2.2.11 “DNR” (Do Not Return) refers to the termination of a Contractor employee for cause. Contractor employees who have been DNR’d will not be eligible for future work assignments or employment in a CHS facility.
- 2.2.12 “Electronic Medical Record/Clinic Management System” (EMR) refers to an automated medical record/clinic management system to be procured by CHS. The software and supporting hardware will automate aspects of the inmate’s medical record and clinic management. **Traveler employees will be required to become proficient in the use of the Electronic Medical Record/Clinic Management System.**
- 2.2.13 “Eligible Clients” means any individual authorized to receive health care services through Correctional Health Services.
- 2.2.14 “Funding Source” means any Federal, State or Private Agency funding source, which may impose conditions on the funding that will be passed onto the Contractor.
- 2.2.15 “Health Certificate” means a written document or series of documents on file with the Contractor and/or Correctional Health Services which acknowledges the following:
 - 2.2.15.1 Annual Tuberculosis skin test, or if a skin test reacts, an inoculation must be documented annually
 - 2.2.15.1.1 For non-reactors, an annual TB skin test.
 - 2.2.15.1.2 For reactors, documented statements from a health care provider that they are asymptomatic for TB.
 - 2.2.15.1.3 Tuberculosis testing annually through the skin test may be substituted through the Quantiferon method of testing.
 - 2.2.15.2 BLS update (every two- (2) years).
 - 2.2.15.3 Either reactive Rubella Titre or Rubella Vaccine.
 - 2.2.15.4 Contractor must offer HB Vaccine. Immunity status must be on file. The Contractor must have a signed statement from any staff member who is not immune and refuses the vaccine.
 - 2.2.15.5 Immune status to Rubeola: If born before 1-1-51, a clear diagnosis of disease is sufficient; if born 1-1-51 to 1-1-57, one documented HHR given after 1970 or Rubella Titre is sufficient; if born after 1-1-57, two documented HHR given after 1970 or Rubella Titre is sufficient.
- 2.2.16 “Maricopa Medical Center” means the hospital and surrounding campus located at 2601 East Roosevelt, Phoenix, AZ 85008.
- 2.2.17 “MCSO” means Maricopa County Sheriff’s Office.
- 2.2.18 “Orientation” refers to formal instruction, presented by CHS and MCSO staff, required of all County and Contractor employees. The instruction is designed to familiarize employees with CHS and MCSO policy and procedures. Instruction includes, but is not limited to, personnel issues, sign in and sign out procedures, absences, conduct and security issues while in the MCSO jails and detention facilities, job functions and expectations, and required documentation regarding patient records. Supervised, on-the-job training will also be included, unless the employee is required to work independently.

- 2.2.19 “Proper Identification” means a name badge with a picture, which includes full name, status and name of Contractor. While on duty, the badge must be worn at all times on the upper part of the body. The Contractor provides the identification badge and all costs will be incurred by the Contractor. An additional identification badge, if required, will be provided by the MCSO when the Contractor employee reports to the work site. There is no cost to the Contractor for this badge
- 2.2.20 “Service Time” means time spent on the assignment. Travel time to and from the assignment is not included.
- 2.2.21 “Temporary medical personnel” refers to all staff that supports and/or provides clinical or health care services on a temporary basis, normally on a daily, as needed basis. Temporary medical personnel are generally affiliated with an Agency contracted with Correctional Health Services to provide staffing. They are not considered employees of CHS.
- 2.2.22 “Traveling medical personnel” refers to all staff that supports and/or provides clinical or health care services on a temporary basis, but for an extended period. Traveling medical personnel are generally affiliated with an Agency contracted with Correctional Health Services to provide staffing. ~~The Agency will not recruit from within the State of Arizona.~~ Traveling medical personnel are not considered employees of CHS.

2.3 COUNTY/AGENCY RESPONSIBILITIES

- 2.3.1 CHS will identify all known traveling medical personnel needs by shift and facility and facilities. **Both CHS and Contractor will agree upon the term of each assignment.** CHS will publish the list of requirements and send to the Contractors of Record. CHS will fill shifts based on the award letter given the Contractor; and the date/time Contractor’s staff availability is received at CHS.
- 2.3.2 CHS will provide the Contractor the following information, per assignment
 - 2.3.2.1 Type of staff needed.
 - 2.3.2.2 Requested dates of assignment, to include respective shift(s).
 - 2.3.2.3 Location of assignment will not be provided. Traveling Medical Personnel (Travelers) will be required to work locations/facilities as specified by CHS, based on operational needs. (See Exhibit 1).
 - 2.3.2.4 The intent of CHS is to staff Travelers at the same facility and shift for the duration of their work period. Follow-on assignments will, where possible, be at the same facility and shift to minimize training and enhance continuity of care. Final staffing decisions will be based on operational needs. Travelers will be considered available for all CHS’ facilities and shifts unless special skills are mandated. Travelers may be requested to adjust shifts and location per CHS needs.
 - 2.3.2.5 **Staffing requirements will be provided to Traveler Contractors on a monthly basis.**
 - 2.3.2.6 CHS Staffing will confirm all staffing assignments within five (5) working days of receipt of availability rosters.
 - 2.3.2.6.1 Traveler employees will be confirmed for eight (8), ten (10) or any combination of eight (8), ten (10) or twelve (12) hour shifts.
 - 2.3.2.6.2 Dates of assignment.

- 2.3.2.6.3 CHS will provide to each Traveler employee the shift(s) and facility (ies) they will be working at during the duration of their assignment. Travelers may be asked to vary from their initial shift/facility based on CHS needs.
 - 2.3.2.6.4 CHS will provide Traveler employee a minimum of eighty (80)-scheduled hours per each two-week payroll period.
 - 2.3.2.6.5 For Travel employees confirmed for twelve (12) hour shifts, CHS will provide the Traveler employee a minimum of seventy-two (72)-scheduled hours per each two-week payroll period.
 - 2.3.2.6.6 The calculation of the guaranteed minimum work week includes regular hours, but does not include any “on-call” time worked by the Traveler employee.
- 2.3.3 CHS is under no obligation, except as defined above (in accordance with contract provisions), to utilize one particular contractor over another. Rates, continuity of care and individual staff performance will be considered in Contractor scheduling/utilization. CHS makes no representations, nor guarantees the Contractor any maximum or minimum volume, payment, reimbursement, member assignment or number of units of service to be provided.
- 2.3.4 CHS may continue to recruit for vacant positions. If a vacancy is filled that is currently occupied by a Traveler employee, CHS will attempt to reassign the individual to another CHS facility/shift. If no vacancies exist, or the Traveler employee refuses relocation/shift change, CHS is authorized to release the Traveler employee without financial penalty.
- 2.3.5 Will provide to the Contractor a copy of specific, non-restricted policies and procedures to govern Contractor’s employees while in jail facilities and clinics.
- 2.3.6 Entrance into negative airflow rooms requires CHS to be responsible for providing and fit testing Travelers with N95 particulate respirators. Respirators however will be retained as property of CHS and will not leave the respective clinic area.
- 2.3.7 MCSO retains the responsibility for the security and safety of all inmates and staff. If for some reason the MCSO feels that a particular Contract employee is not complying with safety and security policies, they have the right to refuse that employee from working in the jail facilities or be terminated from assignment.
- 2.3.8 CHS retains responsibility for the quality of care provided. If for any reason CHS feels that a particular Contract employee is not able to provide the quality of services necessary, they have the right to refuse that employee from working in the jail facilities or be terminated from assignment.
- 2.3.9 CHS retains responsibility for the delivery of health care provided. If for any reason CHS feels that a particular Traveler employee is not able to provide the quality of services necessary, they have the right to refuse that employee from working in the jail facilities or be terminated from assignment. The Contractor will absorb, if the Traveler employee is terminated, the charges for the hours worked, on that respective shift. CHS will be released from any further financial commitment to the Contractor if the Traveler employee is terminated due to impairment.
- 2.3.10 Traveler employees showing signs of impairment will be questioned about their behavior. If the supervisor(s) feel the employee is not able to safely perform their duties, the employee will be released from duty and the Contractor will be notified. If impairment is validated, CHS has the right to terminate the staffing commitment for that respective Traveler employee and submit a formal report to the Arizona State Board of Nursing. If the Traveler employee is terminated, the Contractor will assume responsibility for the

employee when released from duty. The charges for the hours worked, on that respective shift, will be absorbed by the Contractor. CHS will be released from any further financial commitment to the Contractor if the Traveler employee is terminated due to impairment.

2.3.11 Disputes:

2.3.11.1 Except as otherwise provided by law, any dispute arising under this Contract shall be submitted to the Dispute Process as specified in Maricopa County Procurement Code section MC1-905 and MC1-906, as amended. The provisions of this dispute process can be found on www.maricopa.gov/materials/p-code/HTML_code/Code-o1.htm.

2.3.11.2 Disputes involving adjusted invoices should be addressed directly to CHS' Finance Manager, in writing, and with supporting documentation provided. In event differences can not be resolved between the Contractor and CHS, then resolution must be accomplished in accordance with the Maricopa County Procurement Code, section MC1-905 and MC1-906.

2.3.12 CHS retains final approval of all Traveler employee candidates, in accordance with contract provisions.

2.4 CONTRACTOR RESPONSIBILITIES

2.4.1 Determine the availability of Travelers. Contractor is responsible for stating the desired staffing period. Both CHS and Contractor will agree to the term of each assignment.

2.4.2 Assure that staff provided is qualified and will meet the job classification, education, experience and performance requirements. (See Exhibit 5)

2.4.3 Assure that staff provided has completed a physical examination and states that the individual is free of communicable diseases and able to perform the essential functions of the job within the scope of practice of the Arizona Board of Nursing, with or without reasonable accommodation. The physical examination is at the Contractor's expense. The physical examination must have been completed upon initial hire by the Contractor and will have been completed within 12 months prior to the start of being staffed at CHS facilities.

2.4.4 Assure that staff provided has a complete Profile Verification Sheet (Exhibit 4).

2.4.5 Responsible to assure employee maintains current and valid licensing, certification, immunization, screening and education.

2.4.6 Required having a random drug-screening program in place. A copy of their drug-screening program will be provided to CHS. ~~Contractor will have completed a random drug screen of each employee, selected to be staffed in a CHS facility, within three (3) months of assignment.~~ **“Contractor will have completed a 11 or 12-panel drug screen of each employee, selected to be staffed in a CHS facility, within three (3) months of assignment.”**

See Exhibit 4 for additional clarification and requirements.

2.4.7 A Participating Institution, e.g. Correctional Health Services, may, in its discretion, perform, or request that the Agency perform, a “for cause” drug screen on any Agency/Registry Healthcare Caregiver who appears impaired. All drug screens shall be performed at a facility selected by Correctional Health Services at CHS' expense. (See Exhibit 4)

2.4.8 Complies with exposure control and OSHA standards. Must be in compliance with OSHA regulations regarding Blood Borne Pathogens.

- 2.4.9 When notified by a CHS representative that a Contractor's employee has been determined not to be able to perform assigned duties in a safe manner, the Contractor will assume responsibility for the employee when released from duty. The charges for the hours worked will be absorbed by Contractor agency.
- 2.4.10 If a Contractor's employee is injured at work, or has a significant bodily fluid exposure, the Health Care Administrator or Lead Nurse (in the absence of a Health Care Administrator) is to be notified. The Contractor's employee should notify their Contractor. The Contractor is responsible for processing and handling injury claims for their staff.
- 2.4.11 Traveler's employees will be responsible for notifying CHS Staffing in event of a call-off. Policies and procedures as pertain to CHS' core staff apply. Traveler's employees will be responsible for notifying their Agency in event of a call-off. Reliable staffing patterns will be considered in utilizing and retaining Contract Agencies.
- 2.4.12 Comply with CHS and MCSO policy, procedures and security regulations.
- 2.4.13 Fully cooperate with other CHS Contractors, Subcontractors and their employees in the performance of work. The Contractor or their employees shall not commit or permit any act, which will interfere with the performance of work by any other contractor, with the exception of that necessary to protect employees or patients from danger.
- 2.4.14 Provide a CPR macro shield mouthpiece to all their staff requiring current BLS accreditation.
- 2.4.15 For every new placement with CHS, the Contractor agrees to provide the following documentation:
 - 2.4.15.1 Information as required by the Arizona Hospital and Healthcare Association Service Corporation. (Exhibit 4)
 - 2.4.15.2 A copy of a current, unrestricted Arizona professional license.
 - 2.4.15.3 Years of job-related experience. A minimum of two- (2) year's experience as a licensed medical caregiver, e.g. RN, LPN, is required.
 - 2.4.15.4 A copy of a current Basic Life Saving (BLS) card.
 - 2.4.15.5 **Documentation verifying annual PPD/Quaintiferon testing/results and that the Contractor employee has completed fit testing for Hepamasks. PPD/Quaintiferon testing will remain current for the duration of the work assignment.**
 - 2.4.15.6 **Documentation verifying attendance at fire, safety, infection control and hazardous waste classes. Training will remain current for the duration of the work assignment. Additional training will be provided through CHS' Orientation Program, which the Traveler is required to attend. Travelers who have completed a work assignment in a CHS facility within the past 12 months will not be required to attend the Orientation Program unless deemed necessary by CHS.**
 - 2.4.15.7 Documentation of annual OSHA training. Additional training may be provided through CHS' Orientation Program, which the Traveler is required to attend. Travelers who have completed a work assignment in a CHS facility within the past 12 months will not be required to attend the Orientation Program unless deemed necessary by CHS.

- 2.4.15.8 ~~Documentation of random drug test screening completed within three (3) months of the start of the work assignment.~~ **“Documentation of a 11 or 12-panel drug test screening completed within three (3) months of the start of the work assignment.”**
- 2.4.15.9 Documentation of a completed criminal record background check in accordance with the guidelines referenced in Exhibit 4 .
- 2.4.15.10 **Complete resume, including work history and a minimum of two references.**
- 2.4.15.11 **Annual evaluation(s) pertaining to job performance, including relevant competency testing.**
- 2.4.16 **Contractor is responsible for all recruitment costs, employee benefits, housing and travel/relocation costs.**
- 2.4.17 **CHS will not be charged any fees by the Contractor until the position(s) is/are filled and the Traveler Employee is working within a CHS facility. Fees charged will be the accepted bid rate.**

2.5 CONTRACTOR STAFFING CLASSIFICATION AND REQUIREMENTS

2.5.1 General Requirements

- 2.5.1.1 All Contractor employees will provide health care services within the scope of practice of the Arizona State Board of Nursing, maintaining applicable guidelines for care, statutes, standards and regulations set forth by State laws, licensing and certifying organizations.
- 2.5.1.2 Act as client advocate to preserve their autonomy, confidentiality and dignity.
- 2.5.1.3 Apply a systematic, organized approach to completion of assignments and assist others to do the same.
- 2.5.1.4 Complete documentation on appropriate forms per CHS and MCSO policy and procedures.
- 2.5.1.5 If injured while in a CHS facility, a Contract employee will notify their Health Care Administrator or Lead Nurse and respective Contract employer.
- 2.5.1.6 Contract employees who have not worked in a CHS facility previously or within the last 12 months shall attend CHS' Orientation course. CHS will pay Contractor at the respective bid rate while Contractor Employee is attending Orientation. In event Contractor's employee does not complete Orientation, Contractor will absorb employee costs. Furthermore, there will be no expense to CHS if Traveler Employees do not complete Orientation *and work a minimum of one (1) shift in a CHS facility, following completion of Orientation*
- 2.5.1.7 Any Contractor employee, who has been employed as a CHS staff member (core or pool), within the past 12 months, may not be assigned to a CHS facility. Waivers to this clause may be requested in writing, subject to the approval of the CHS Director.
- 2.5.1.8 Any Contractor employee who has been terminated (Do Not Return – “DNR”) from CHS will not be eligible for future work assignments with any Contractor providing employees under this Contract or as a CHS employee.

- 2.5.1.9 CHS reserves the right to hire Contractor's employees on a permanent full-time basis, at no additional charge, following the completion of 26 cumulative weeks or the confirmed travel assignment or extension (whichever is greater).
- 2.5.1.10 The picture identification required by the Contractor must be worn while in the CHS facility.
- 2.5.1.11 Present, upon request, a copy of their Arizona professional license and current BLS card.
- 2.5.1.12 Comply with the CHS dress code while working per assignment in a CHS facility. (See Exhibit 2)
- 2.5.2 Specific Requirements: (The requirements and duties listed are meant to describe the general scope of practice and are not meant to be all-inclusive. Contract employees are expected to perform the full scope of duties specified by law.)
 - 2.5.2.1 **Licensed Practical Nurse:** Administers medications, injections, patient care treatments and completes and/or assists with procedures, including resuscitation, first aid and basic life support. Will document assessments and evaluations and obtain lab specimens through venipuncture. Contribute to teamwork. Will perform all duties within the scope of practice of the Arizona Board of Nursing. (See Exhibit 5)
 - 2.5.2.2 **Registered Nurse (Medical):** Perform client assessments, implement plan of care, initiate interventions, evaluate intervention outcome and report change of client condition to appropriate person(s). Administer medications and injections and complete and/or assist with procedures, including resuscitation, first aid and basic life support. Must be IV therapy competent. Obtain lab specimens through venipunctures. Document assessments and evaluations. Contribute to teamwork. Will perform all duties within the scope of practice of the Arizona Board of Nursing. (See Exhibit 5)
 - 2.5.2.3 **Registered Nurse (Psychiatric):** Perform client assessments, implement plan of care, initiate interventions, evaluate intervention outcome and report change of client condition to appropriate person(s). Administer medications and injections and complete and/or assist with procedures, including resuscitation, first aid and basic life support. Must be IV therapy competent. Will obtain lab specimens through venipuncture. Document assessments and evaluations. Contribute to teamwork. Will perform all duties within the scope of practice of the Arizona Board of Nursing. (See Exhibit 5)

2.6 POLICY GUIDELINES

- 2.6.1 Maricopa County Correctional Health Services will only compensate in accordance with the terms specified in this Contract and at the specified contract rate.
- 2.6.2 CHS reserves the right to deny payment for any incomplete timesheets.
- 2.6.3 Contractor assumes sole and exclusive responsibility for payment of any federal and state income taxes, Social Security taxes and other mandatory governmental deductions or obligations. Contractor shall indemnify and hold CHS harmless for any and all liability that CHS may incur because of Contractor's failure to pay such taxes or obligations.
- 2.6.4 Scheduled overtime must have prior approval by the Health Care Administrator or Lead Nurse (in the absence of the Health Care Administrator). Overtime will be paid at a rate of one and one half (1 ½) times the regular contracted rate and will be calculated on hours in excess of 40 hours in a CHS facility, per work week, from shifts beginning at 11:00 p.m. Saturday through 10:59 p.m. Saturday.

- 2.6.5 Additional time worked beyond the scheduled shift assignment must have prior approval by the Health Care Administrator or Lead Nurse (in the absence of a Health Care Administrator).
- 2.6.6 CHS does not pay for Contractor's staff who do not take a ½ hour lunch or break in a shift of six hours or more, unless approved by the Health Care Administrator or Lead Nurse (in the absence of the Health Care Administrator) in accordance with the Fair Labor Standard Laws.
- 2.6.7 Sign in/sign out policy:
 - 2.6.7.1 All Contractors' employees must sign in at time of arrival and sign out at time of departure using the Electronic Sign-In/Sign-Out process.
 - 2.6.7.2 If the Contractor's employee signs in seven minutes after the start of their shift, they will be docked ¼ hour wages. If the Contractor's employee signs out seven minutes before the end of their shift, they will be docked ¼ hour wages.
 - 2.6.7.3 If the Contractor's employee "abandons" their assignment without approval of CHS' Health Care Administrator or Lead Nurse (in the absence of the Health Care Administrator) the Contractor will not be paid for duty hours worked.
 - 2.6.7.4 Contractor employees who are released from duty due to scheduling changes must still sign in and sign out using the Electronic Sign-In/Sign-Out process.
 - 2.6.7.5 Invoices shall be automatically adjusted to be in agreement with the Electronic Sign-In/Sign-Out process due to reverse invoicing Exhibit 3). **Before transferring to another CHS facility or leaving at the end of the assigned shift, it is essential that Traveler employees electronically sign-out at that facility and, if applicable, sign-in/sign-out at the new facility. Failure to do so will result in discrepancies in the reverse invoice payment process.**
- 2.6.8 Contractor employees whom have never worked in a jail facility or clinic will be required to complete the five- (5) day orientation period. If the Contractor employee has worked anytime for CHS within the last 12 months, no additional orientation is required, unless deemed necessary by CHS.
- 2.6.9 Holiday pay will be allowed for those working on the following holidays: Christmas (December 25), New Years Day (January 1), Memorial Day, Independence Day (July 4), Labor Day and Thanksgiving. Holiday rates will be paid at one and one half (1 ½) times the regular contract rate from 11:00 p.m. the day prior to the holiday through 11:00 p.m. of the actual holiday.

2.7 PROCEDURES

- 2.7.1 Contractor employees working at CHS facilities will sign-in and sign-out on the computer located at each facility.
- 2.7.2 CHS does not pay for "late calls". Traveler employees will be given the opportunity to work a complete shift if operationally necessary. Overtime will be paid if the employee is in an overtime status.
- 2.7.3 On a weekly basis, an invoice will be generated for each Contractor with a listing of the times/hours worked for each Contractor employee. This invoice is verified by each Contractor; returned to CHS; and CHS turns the invoice for payment.
- 2.7.4 Correctional Health Services will only use electronic invoicing in order to make the payment process more efficient. **Contractor participation is a requirement of this solicitation/contract.**

- 2.7.5 An error in the invoice may cause the entire billing to be returned to the Contractor for correction, which would delay the processing for payment.
- 2.7.6 Exhibit 3 lists a sample invoice.
- 2.7.7 Subject to the availability of funds, CHS will, within 30 working days from the date of **receipt of a clean claim**, process and send to Finance an invoice for payment. The CHS Finance Administrator or designee may adjust the invoice for items disallowed in accordance with the terms of this Contract and will submit the claim for payment at the adjusted rate. If the Contractor protests the disallowance, the Contractor must provide, in writing, notice to the CHS Finance Administrator or designated representative of the disputed claim and provide documentation to support it.
- 2.7.8 The Contractor understands and agrees that CHS will not honor any claim for payment that is submitted six (6) months after the date of service.
- 2.7.9 All invoices must be submitted to the CHS Finance Administrator or designee no later than sixty (60) days after the expiration date of the current contract.

2.8 USAGE REPORT:

The Contractor shall furnish the County a quarterly usage report delineating the acquisition activity governed by the Contract. The format of the report shall be approved by the County and shall disclose the quantity and dollar value of each contract item by individual unit.

2.9 TAX:

No tax shall be levied against labor. Bid pricing to include all labor, overhead tools and equipment used, profit, and any taxes that may be levied. It is the responsibility of the Contractor to determine any and all taxes and include the same in bid price.

2.10 SERVICE:

It shall be the Contractor's responsibility to meet the County's service requirements, as called for in the Technical Specifications. Maricopa County reserves the right to obtain services on the open market in the event the Contractor fails to adequately provide services and any price differential will be charged against the Contractor.

3.0 SPECIAL TERMS & CONDITIONS:

3.1 CONTRACT LENGTH:

This Invitation for Bids is for awarding a firm, fixed price purchasing contract to cover a three (3) year period.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options. The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 ESCALATION:

Any request for reasonable price adjustments must be submitted thirty (30) days prior to the Contract expiration. Justification for the requested adjustment in cost of labor and/or materials must be supported by appropriate documentation and fall within the Producer Price Index for the

commodity. Increases are subject to approval in writing by the Materials Management Department prior to any adjusted invoicing being submitted for payment.

3.4 EVALUATION CRITERIA:

The evaluation of this Bid will be based on, but not limited to, the following:

3.4.1 Compliance with specifications.

3.4.2 Price.

3.4.3 Determination of responsibility.

The County reserves the right to award in whole or in part, by item or group of items, by section or geographic area, or make multiple awards, where such action serves the County's best interest.

3.5 FACILITIES:

During the course of this Agreement, the County shall provide the Contractor's personnel with adequate workspace for consultants and such other related facilities as may be required by Contractor to carry out its obligation enumerated herein.

3.6 INDEMNIFICATION AND INSURANCE:

3.6.1 **INDEMNIFICATION**

To the fullest extent permitted by law, CONTRACTOR shall defend, indemnify, and hold harmless **COUNTY**, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the acts, errors, omissions or mistakes relating to the performance of this Contract. **CONTRACTOR'S** duty to defend, indemnify and hold harmless **COUNTY**, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting therefrom, caused by any acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes **CONTRACTOR** may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

3.6.2 **Abrogation of Arizona Revised Statutes Section 34-226:**

In the event that A.R.S. § 34-226 shall be repealed or held unconstitutional or otherwise invalid by a court of competent jurisdiction, then to the fullest extent permitted by law, **CONTRACTOR** shall defend, indemnify and hold harmless **COUNTY**, its agents, representatives, officers, directors, officials and employees from and against all claims, damages, losses and expenses (including but not limited to attorney fees, court costs, and the cost of appellate proceedings), relating to, arising out of, or resulting from **CONTRACTOR'S** work or services. **CONTRACTOR'S** duty to defend, indemnify and hold harmless, **COUNTY**, its agents, representatives, officers, directors, officials and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, injury to, impairment or destruction of property including loss of use resulting therefrom, caused in whole or in part by any act or omission of **CONTRACTOR**, anyone **CONTRACTOR** directly or indirectly employs or anyone for whose acts **CONTRACTOR** may be liable, regardless of whether it is caused in part by a party indemnified hereunder, including **COUNTY**.

The scope of this indemnification does not extend to the sole negligence of **COUNTY**.

3.6.3 Insurance Requirements.

CONTRACTOR, at **CONTRACTOR'S** own expense, shall purchase and maintain the herein stipulated minimum insurance from a company or companies duly licensed by the State of Arizona and possessing a current A.M. Best, Inc. rating of B++6. In lieu of State of Arizona licensing, the stipulated insurance may be purchased from a company or companies which are authorized to do business in the State of Arizona, provided that said insurance companies meet the approval of **COUNTY**. The form of any insurance policies and forms must be acceptable to **COUNTY**.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of **COUNTY**, constitute a material breach of this Contract.

CONTRACTOR'S insurance shall be primary insurance as respects **COUNTY**, and any insurance or self-insurance maintained by **COUNTY** shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect coverage afforded under the insurance policies to protect **COUNTY**.

The insurance policies may provide coverage, which contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to **COUNTY** under such policies. **CONTRACTOR** shall be solely responsible for the deductible and/or self-insured retention and **COUNTY**, at its option, may require **CONTRACTOR** to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

COUNTY reserves the right to request and to receive, within 10 working days, certified copies of any or all of the herein required insurance policies and/or endorsements. **COUNTY** shall not be obligated, however, to review such policies and/or endorsements or to advise **CONTRACTOR** of any deficiencies in such policies and endorsements, and such receipt shall not relieve **CONTRACTOR** from, or be deemed a waiver of **COUNTY'S** right to insist on strict fulfillment of **CONTRACTOR'S** obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, shall name **COUNTY**, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The policies required hereunder, except Workers' Compensation, shall contain a waiver of transfer of rights of recovery (subrogation) against **COUNTY**, its agents, representatives, officers, directors, officials and employees for any claims arising out of **CONTRACTOR'S** work or service.

3.6.3.1 Commercial General Liability. **CONTRACTOR** shall maintain Commercial General Liability Insurance (CGL) and, if necessary, Commercial Umbrella Insurance with a limit of not less than \$1,000,000 for each occurrence with a \$2,000,000 Products/Completed Operations Aggregate and a \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage including, but not limited to, the liability assumed under the indemnification provisions of this Contract which coverage will be at least as broad as Insurance Service Office, Inc. Policy Form

CG 00 01 10 93 or any replacements thereof. There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from explosion, collapse, or underground property damage.

The policy shall contain a severability of interest provision, and shall not contain a sunset provision or commutation clause, or any provision which would serve to limit third party action over claims.

The CGL and the commercial umbrella coverage, if any, additional insured endorsement shall be at least as broad as the Insurance Service Office, Inc.'s Additional Insured, Form CG 20 10 10 01, and shall include coverage for **CONTRACTOR'S** operations and products.

3.6.3.2 Automobile Liability. **CONTRACTOR** shall maintain Automobile Liability Insurance and, if necessary, Commercial Umbrella Insurance with a combined single limit for bodily injury and property damage of no less than \$1,000,000, each occurrence, with respect to **CONTRACTOR'S** vehicles (including owned, hired, non-owned), assigned to or used in the performance of this Contract. If hazardous substances, materials, or wastes are to be transported, MCS 90 endorsement shall be included and \$5,000,000 per accident limits for bodily injury and property damage shall apply.

3.6.3.3 Workers' Compensation. **CONTRACTOR** shall carry Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of **CONTRACTOR'S** employees engaged in the performance of the work or services, as well as Employer's Liability insurance of not less than \$100,000 for each accident, \$100,000 disease for each employee, and \$500,000 disease policy limit.

CONTRACTOR waives all rights against **COUNTY** and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the Workers' Compensation and Employer's Liability or commercial umbrella liability insurance obtained by **CONTRACTOR** pursuant to this agreement.

In case any work is subcontracted, **CONTRACTOR** will require the Subcontractor to provide Workers' Compensation and Employer's Liability insurance to at least the same extent as required of **CONTRACTOR**.

3.6.4 Certificates of Insurance.

3.6.4.1 Prior to commencing work or services under this Contract, Contractor shall furnish the County with certificates of insurance, or formal endorsements as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall identify this contract number and title.

3.6.4.2 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. **BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF CONTRACT.**

In the event any insurance policy(ies) required by this contract is(are) written on a "claims made" basis, coverage shall extend for two years past completion and acceptance of **CONTRACTOR'S** work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to **COUNTY** fifteen (15) days prior to the expiration date.

3.6.4.3 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.7 PROCUREMENT CARD ORDERING CAPABILITY:

It is the intent of Maricopa County to utilize a procurement card that may be used by the County from time to time, to place and make payment for orders under the Contract. Contractors without this capability may be considered non-responsive and not eligible for award consideration.

3.8 INQUIRIES AND NOTICES:

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY
DEPARTMENT OF MATERIALS MANAGEMENT
ATTN: CONTRACT ADMINISTRATION
320 W. LINCOLN ST.
PHOENIX, AZ 85003

Administrative telephone inquiries shall be addressed to:

STAN FISHER, SENIOR PROCUREMENT CONSULTANT, 602-506-3274
(sfisher@mail.maricopa.gov)

Technical telephone inquiries shall be addressed to:

Tom Timmons
Contract Administrator, Correctional Health Services
602-506-5579

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.9 PRE-BID CONFERENCE:

THERE WILL BE A MANDATORY PRE-BID CONFERENCE HELD ON FEBRUARY 4, 2004, 9:00 A.M., CONFERENCE ROOM 720 (7TH FLR.), AT THE MARICOPA COUNTY CORRECTIONAL HEALTH ADMINISTRATION OFFICES, 111 W. MONROE ST., PHOENIX, AZ 85003

3.10 SUBMISSION PRICE CLARITY:

For reasons of clarity all submissions of pricing (Attachment A) shall be priced in the same unit (size, volume, quantity, weight, etc.) as the bid specifications request. Submissions (bids) failing to comply with this requirement may be declared non-responsive.

3.11 INSTRUCTIONS FOR PREPARING AND SUBMITTING BIDS:

Bidders are to provide two (2) copies; (1) original "hard copy" (labeled) and one (1) "copy" (labeled). Bidders are to identify their responses with the bid serial number, title and return address to Maricopa County, Department of Materials Management, 320 West Lincoln, Phoenix, Arizona 85003.
A corporate official who has been authorized to make such commitments must sign bids.

AMN HEALTHCARE INC, 12400 HIGH BLUFF DRIVE, SAN DIEGO, CA 92130

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☒ YES ☐ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ☐ YES ☒ NO

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO ☐ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080502/B0700099/NIGP 94864

1.0 PRICING:

ITEM DESCRIPTION	ARIZONA RESIDENT HOURLY RATE	
1.2 REGISTERED NURSE (MEDICAL)	\$47.50	Secondary award
1.3 REGISTERED NURSE (PSYCHIATRIC)	\$47.50	Secondary award

Terms: 2% 10 DAYS NET 30

Federal Tax ID Number: 88-0208006

Vendor Number: 880208006

Telephone Number: 800/282-0300

Fax Number: 877/282-0366

Contact Person: Gayle Marsh

E-mail Address: gayle.marsh@amnhealthcare.com

Company Web Site: www.amnhealthcare.com

Certificates of Insurance Required

Contract Period: To cover the period ending **April 30, 2007.**

CODE BLUE STAFFING SOLUTIONS LLC, 2261 BROOKHOLLOW PLAZA DR #209, ARLINGTON, TX 76006

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☒ YES ☐ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ☒ YES ☐ NO

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080502/B0700099/NIGP 94864

1.0 PRICING:

ITEM DESCRIPTION	HOURLY RATE
1.1 LICENSED PRACTICAL NURSE	\$36.00 Secondary award
1.2 REGISTERED NURSE (MEDICAL)	\$49.00 Secondary award

Terms: NET 30

Federal Tax ID Number: 85-0475781

Vendor Number: 850475781

Telephone Number: 866-652-3885

Fax Number: 817/652-3886

Contact Person: Karen Keipert

E-mail Address: karenkeipert@codebluestaffing.com

Company Web Site: www.codebluestaffing.com

Certificates of Insurance Required

Contract Period: To cover the period ending **April 30, 2007.**

COREMEDICAL GROUP, 7 WALL STREET STE 100, WINDHAM, NH 03087

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☐ YES ☒ NO

INTERNET ORDERING CAPABILITY: ☐ YES ☒ NO % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080502/B0700099/NIGP 94864

1.0 PRICING:

ITEM DESCRIPTION	LOCAL HOURLY RATE	
1.1 LICENSED PRACTICAL NURSE	\$36.00	Secondary award
1.2 REGISTERED NURSE (MEDICAL)	\$50.00	Secondary award

Terms: NET 30

Federal Tax ID Number: 02-0511910

Vendor Number: 020511910 A

Telephone Number: 800/995-2673

Fax Number: 866/420-1055

Contact Person: Karen McCloskey

E-mail Address: km@coremedicalgroup.com

Company Web Site: www.coremedicalgroup.com

Certificates of Insurance Required

Contract Period: To cover the period ending **April 30, 2007.**

INDEPENDENT NURSING SERVICES, 6516 N 7TH ST SUITE #107, PHOENIX, AZ 85014

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☒ YES ☐ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ☐ YES ☒ NO

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080502/B0700099/NIGP 94864

1.0 PRICING:

ITEM DESCRIPTION	LOCAL HOURLY RATE
1.1 LICENSED PRACTICAL NURSE	\$34.00 Secondary award
Terms:	1% 10 DAYS NET 30
Federal Tax ID Number:	85-0471951
Vendor Number:	850471951 A
Telephone Number:	602/265-6644
Fax Number:	602/265-7084
Contact Person:	Darren Sherrard
E-mail Address:	Darren@ins-nurse.com
Company Web Site:	www.ins-nurse.com
Certificates of Insurance	Required
Contract Period:	To cover the period ending April 30, 2007.

MATRIX PERSONNEL SERVICE INC, 8866 GULF FREEWAY SUITE 415, HOUSTON, TX 77017-6355

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☒ YES ☐ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ☒ YES ☐ NO

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080502/B0700099/NIGP 94864

1.0 PRICING:

ITEM DESCRIPTION	HOURLY RATE
1.2 REGISTERED NURSE (MEDICAL)	\$49.00 Secondary award
Terms: NET 30	
Federal Tax ID Number: 76-0632285	
Vendor Number: 760632285	
Telephone Number: 713/944-3400	
Fax Number: 713/944-3810	
Contact Person: Jason Martin	
E-mail Address: jmartin@matrixpersonnel.com	
Company Web Site: www.matrixpersonnel.com	
Certificates of Insurance Required	
Contract Period: To cover the period ending April 30, 2007.	

RICHARDS HEALTHCARE INC, 8550 KATY FREEWAY #110, HOUSTON, TX 77024

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☒ YES ☐ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ☒ YES ☐ NO

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO _____% DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080502/B0700099/NIGP 94864

1.0 PRICING:

ITEM DESCRIPTION

HOURLY RATE

1.1 LICENSED PRACTICAL NURSE

\$36.00

Secondary award

Terms: 2% 30 DAYS NET 31

Federal Tax ID Number: 76-0339241

Vendor Number: 760339241

Telephone Number: 800/456-7279 713/864-6764

Fax Number: 888/465-5965 713/468-6505

Contact Person: Craig Vollmers

E-mail Address: cvollmers@richardshealthcare.com

Company Web Site: www.richardshealthcare.com

Certificates of Insurance Required

Contract Period: To cover the period ending **April 30, 2007.**

SUPPLEMENTAL HEALTH CARE SERVICES INC., 1640 W REDSTONE CTR DR STE 200, PARK CITY, UT 84098

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☐ YES ☒ NO

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080502/B0700099/NIGP 94864

1.0 PRICING:

ITEM DESCRIPTION	<u>Traveler</u>	<u>Local/AZ</u>	
1.1 LICENSED PRACTICAL NURSE	\$35.47	\$35.47	Secondary awards
1.2 REGISTERED NURSE (MEDICAL)	\$46.47	\$46.47	Secondary awards
1.3 REGISTERED NURSE (PSYCHIATRIC)	\$46.47	\$46.47	Secondary awards

Terms: 2% 10 DAYS NET 30

Federal Tax ID Number: 16-1216796

Vendor Number: 161216796 A

Telephone Number: 800/456-6677 ext 7207

Fax Number: 435/645-0792

Contact Person: Ron Saunders

E-mail Address: rsaunders@shcservicesinc.com

Company Web Site: www.supplementalhealthcare.com

Certificates of Insurance Required

Contract Period: To cover the period ending **April 30, 2007.**

TRAVMED USA INC, 1815 COFFEY POINT DRIVE SUITE 100, CHARLOTTE, NC 28217-2860

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☒ YES ☐ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ☐ YES ☒ NO

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080502/B0700099/NIGP 94864

1.0 PRICING:

ITEM DESCRIPTION

HOURLY RATE

Travel

Local

1.1 LICENSED PRACTICAL NURSE	\$35.25	Secondary award	\$30.00	Primary award
1.2 REGISTERED NURSE (MEDICAL)	\$48.50	Secondary award	\$43.25	Primary award
1.3 REGISTERED NURSE (PSYCHIATRIC)	\$47.25	Secondary award	\$42.00	Primary award

Terms: NET 30

Federal Tax ID Number: 56-2027533

Vendor Number: 562027533

Telephone Number: 800/567-6944

Fax Number: 800/884-4563

Contact Person: David Stoessel

E-mail Address: david.stoessel@ravmedusa.com

Company Web Site: www.travmedusa.com

Certificates of Insurance Required

Contract Period: To cover the period ending **April 30, 2007.**